PROJECT NAME
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## APPLICATION FOR TIPP CITY PLANNING BOARD REVIEW

Please Print Le	bly 1. TODAY'S DATE
2. Your Name	
3. Your Telep	ne Number (Area Code): Fax #
4. Your Com	ny Name:
5. Your Mail	g Address:
6. Your City	rate/Zip Code:
	ress:
8. Client Cor	ct Name:
9. Client Cor	ct Telephone Number: Fax #
10. Client's M	ling Address:
11. Client's C	/State/Zip Code:
	ew Requested:EngineeringFull Staff Review ormal Planning Board ReviewFormal Planning Bd. Review
Concept	:Subdivision Preliminary PlanFinal PlatSite Plan Review al PlanReplatLot SplitRequest for Zoning Amendment seHome OccupationOther:
14. Describe:	
this applic plans and for which	e property owner or am properly authorized by the property owner to file ion for review. I further certify that this application and the attached ecifications are not a first draft product and represent the actual proposal seek approval. I have investigated the Tipp City Regulations and hereby to the best of my knowledge, these plans conform to the pertinent
16. Your Sign	ure:
Received by: _	Date:
Fee Paid	<b>\$</b>

PROJECT NAME		
APPLICATION FOR SITE PLAN REVIEW		
I understand that the Tipp City Zoning Code requires a Site Development Plan Review prior to staff approval of a Zoning or Building Permit. Attached, please find the following plans:		
For ease of review, the following items are briefly described below and can be located on the given page or sheet numbers:		
THE PROPOSED USE Describe:		
Number of employees, seats, etc		
Number of Building Floor Levels		
Total Building Floor Area		
Boundary Clearances: Front Setback Rear Yard		
Left Side Yard Other		
Other Building Information:		
Flood Plain: Is there any designated Flood Plain on this property associated with this request?		
ELECTRICAL POWER Size of Service Requested:		
Location and Construction Details:		
Special Equipment:		
Own Transformer:		
Expected Monthly Usage (KWH)		

Expected Rating (KVA Demand)

PROJECT NAME
DOMESTIC WATER Size of Service Requested:
Basis for Design:
Water Service Details:
Fire Service:
Landscape Irrigation:
Basis for Design:
Special Pre-Treatment:
Location, Connection:
Sanitary Service Details:
Storm Water Retention Plan:
Outlet to:
100 Yr. Storm Calculations:
1 Yr. Storm Calculations:
Total Quantity of Detention Proposed:
Storm Piping Details:
FEMA Flood ZoneABC Flood Zone Details  PARKING LOT DESIGN  Type and Thickness of Paving:
Total Number of Spaces # Handicapped Accessible Spaces
Minimum Size Parking Space:
Minimum Width of Aisle:
Number and Type of Truck Loading Spaces: